

CLAIMS ONLY

Application Number

"Filing" Date

101728365

Applicān(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
4	/	/				
5		/				
6		/				
7		/				
8		/				
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46						
47						
48						
49						
50						
Total						
Indep	5					
Total						
Depend	15					
Total						
Claims	20					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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54						
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Claims						